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# III. TRICARE CONTRACTOR MONTHLY WORKLOAD REPORT INSTRUCTIONS

# A. Information Requirement

The contractor shall submit to the *Contractor Evaluation Office (AEE) with a copy to the* Contracting Officers' Representative, TRICARE Management Activity (TMA), TRICARE Contractor Monthly Workload Reports, TMA Form 742 (Figure 1-3-A-1), of *combined* network, non-network *and Medicare BRAC* data for each state in its jurisdiction with summary reports for the contract. The reports will cover the period beginning on the first (1st) day of the report month, and ending on the last day of the report month. These summary and state reports are due on the forty-fifth (45th) calendar day following the start date of the contract and then on the fifteenth (15th) calendar day of each month (or the first workday following the fifteenth (15th) calendar day if the fifteenth (15th) is not a business day) following the report period throughout the duration of the contract. Any adjustments to previously submitted data requires an explanation of the differences, including the cause, either in the "Remarks" section or in a separate report. These reports are not to be telecopied unless specifically requested by the TMA. At the discretion of TMA, or as may be required by law, contractor performance statistics contained in these reports may be released to the public.

# **B.** Instructions for Preparation

### 1. Section A: Claims

For purposes of this chapter, a claim is defined as any request for payment for services rendered related to care and treatment of a disease or injury which is received from a claimant by a TMA contractor on any TMA-approved claim form or approved electronic media. Reports of services rendered, which do not result in the submission of claims, as defined above, are not to be included in the reports required by this chapter.

### a. A.1.a. - Pending End of Prior Month

Enter the number reported in line A.4. on the preceding month's

report.

# b. A.1.a.(1) - Correction to Prior Month's Report

Enter the net number of claims which were actually overstated or understated in the previous month's report using a plus (+) or minus (-). Any entry in this section requires an explanation in Section C, "Remarks."

### c. A.1.b. - Adjusted Opening Pending

Enter the result of A.1.a., plus or minus A.1.a.(1).

### d. A.2. - Receipts

Enter the number of claims accepted in the custody of the contractor. Estimate the number of non-keyed network versus non-network receipts by applying the percentage of keyed claims received during the reporting period.

III.B.1.d.

### **EXAMPLE:**

	Total monthly receipts	=	10,000	
	Total Keyed Receipts	=	8,000	$(5,000 \ network = 62.5\%)$
				$(3,000 \ non-network = 37.5\%)$
	Total Non-Keyed Receipts	=	2,000	(2,000 X 62.5% = 1,250 <i>network</i> )
ı				(2,000 X 37.5% = 750 non-network)

Add estimates for non-keyed receipts to keyed receipts:

Total Receipts Network = 5,000 + 1,250 = 6,250Total Receipts Non-Network = 3,000 + 750 = 3,750

### e. A.2.a. - Transfers

Claims received in A.2. above which are forwarded to another TRICARE contractor having jurisdiction of processing.

f. A.2.b. - Returns

Enter the number of claims returned to the claimant.

**g. A.2.c.** - **Net Receipts**Enter the result of A.2., minus A.2.a. and A.2.b.

# h. A.3. - Processed to Completion

Enter the total number of claims paid, applied toward the

deductible, or denied.

i. A.4. - Pending End of Month

Enter the difference between A.1.b. plus A.2.c. minus A.3.

j. A.5. - Point of Service (POS) - Processed to

# Completion

Enter the total number of the claims paid under POS. The POS numbers shall be included in the total number of claims processed to completion in line A.3.

# 2. Section B: Adjustment Claims

An adjustment is a correction of the payment or the payment record information on a claim previously processed to completion. (Refer to the OPM Part Two, Chapter 5, Section I.C.)

# a. B.1.a. - Pending End of Prior Month

Enter the number reported in line B.4. of the preceding month's

report.

III.B.2.b.

# b. B.1.a.(1) - Correction to Prior Month's Report

Enter the net number of adjustments to processed claims which were actually overstated or understated in the previous month's report will be entered using a plus (+) or minus (-). Any entry in this section requires a narrative explanation in Section C. "Remarks."

## c. B.1.b. - Adjusted Opening Pending

Enter the results of B.1.a., plus or minus B.1.a.(1).

# d. B.2. - Receipts

Enter the number of adjustment claims identified during the month. (Refer to OPM Part Two, Chapter 5, Section I.C.)

# e. B.3. - Processed to Completion

Enter the number of adjustment claims which were processed to

completion.

### f. B.4. - Pending End of Month

Enter the number of adjustment claims identified which have not been processed to completion. Line B.4. is the difference between B.1.b., plus B.2., minus B.3.

### 3. Section C: Remarks

Enter the number of EMC claims included in the receipts reported in

A.2.

### 4. Section D: Inquiries

### a. D.1. - Telephone Inquiries Received

Enter the total number of incoming telephone inquiries received in all locations, including the service center. This data must be substantiated by a log or other documentation. Do not include routine operating calls (calls received from individuals or organizational components within the contractor's operations involving the conduct of normal business) or personal calls.

### b. D.2. - Walk-In's

Report total walk-ins in all locations, including the service  $% \left\{ 1\right\} =\left\{ 1$ 

center(s).

### c. D.3. - Routine Correspondence

Report in this section the data related to all routine correspondence received into custody. Routine correspondence regarding a returned claim that requires a response shall be reported here. Grievances or requests for appeal should not be reported here. Letters from beneficiaries or providers resubmitting the claim or claim documentation shall not be reported. Questions concerning charges allowed should be included as "routine correspondence." Requests for "Reconsiderations" on issues considered not appealable and untimely requests for reconsiderations shall be counted as routine correspondence.

III.B.4.d.

# d. D.3.a.(1) - Pending End of Prior Month

Enter the number reported in line D.3.d. of the prior month's

reports.

# e. D.3.a.(1)(a) - Correction to Prior Month's Report

Enter the net number of pieces of routine correspondence which were actually overstated or understated in the previous month's report using a plus (+) or minus (-). Any entry in this section requires a narrative explanation in Section E, "Remarks," below.

# f. D.3.a.(2) - Adjusted Opening Pending

Enter the result of D.3.a.(1), plus or minus D.3.a.(1)(a).

### g. D.3.b. - Receipts

Enter the number of pieces of routine correspondence accepted

into custody.

### h. D.3.c. - Processed to Completion

Enter the number of pieces of routine correspondence completed, regardless of the manner in which it was completed; i.e., written, telephone, or other.

# i. D.3.d. - Pending End of Month

Enter on line D.3.d. the difference between D.3.a.(2), plus

D.3.b., minus D.3.c.

# j. D.4. - Priority Correspondence

Enter appropriate data in this section regarding correspondence received from the Office of the Assistant Secretary of Defense (Health Affairs), TMA, members of Congress, and others designated as priority by the contractor.

### k. D.4.a.(1) - Pending End of Prior Month

Enter the number reported in line D.4.d. of the prior month's

report.

### 1. D.4.a.(1)(a) - Correction to Prior Monthly Report

Enter the net number of pieces of priority correspondence which were actually overstated or understated in the previous month's report using a plus (+) or minus (-). Any entry in this section (plus or minus) requires a narrative explanation in Section E, "Remarks," below.

### m. D.4.a.(2) - Adjusted Opening Pending

Enter the result of D.4.a.(1), plus or minus D.4.a.(1)(a).

### n. D.4.b. - Receipts

Enter the number of pieces of priority correspondence accepted

into custody.

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### o. D.4.c. - Processed to Completion

Enter the number of pieces of priority correspondence

completed.

## p. D.4.d. - Pending End of Month

Enter on line D.4.d., the difference between D.4.a.(2), plus

D.4.b., minus D.4.c.

## q. D.5. - Collection Action Correspondence

Enter appropriate data in this section regarding correspondence involving collection actions referred to the MCSC by Debt Collection Assistance Officers.

# r. D.5.a.(1) - Pending End of Prior Month

Enter the number reported in line D.5.d. of the prior month's

report.

# s. D.5.a.(1)(a) - Correction to Prior Monthly Report

Enter the net number of pieces of collection action correspondence which were actually overstated or understated in the previous month's report using a plus (+) or minus (-). Any entry in this section (plus or minus) requires a narrative explanation in Section E, "Remarks," below.

# t. D.5.a.(2) - Adjusted Opening Pending

Enter the result of D.5.a.(1), plus or minus D.5.a.(1)(a).

### u. D.5.b. - Receipts

Enter the number of pieces of collection action correspondence

accepted into custody.

### v. D.5.c. - Processed to Completion

Enter the number of pieces of collection action correspondence

completed.

### w. D.5.d. - Pending End of Month

Enter on line D.5.d., the difference between D.5.a.(2), plus D.5.b.,

minus D.5.c.

### 5. Section E: Remarks

# 6. Section F: Expedited Preadmission/Preprocedure Reconsiderations (Expedited Appeal Cases)

Report in this section the data related to all expedited appeal cases received into custody. The contractor shall count as a receipt any case received in which the appealing party is raising objection to the contractor's preadmission/preauthorization medical necessity determination. Correspondence concerning non-appealable issues (See OPM Part Three, Chapter 7, Section II.C.2.) is to be reported in Section D, "Inquiries." Correspondence qualifying as a grievance is to be reported in Section I, "Grievances."

III.B.6.a.

### a. F.1.a. - Pending End of Prior Month

Enter in the "Total" column the number reported in line F.4. of the preceding month's report.

# b. F.1.a.(1) - Correction to Prior Month's Report

Enter in the "Total" column the net number of expedited appeal cases actually overstated or understated in the previous month's report using a plus (+) or minus (-). Any entry in this section will require a narrative explanation in Section E, "Remarks," above.

### c. F.1.b. - Adjusted Opening Pending

Enter in the "Total" column the result of F.1.a., plus or minus

F.1.a.(1).

## d. F.2. - Receipts

Enter in the "Total" column the number of expedited appeal cases accepted in the custody of the contractor.

### e. F.3.a. - Initial Decision Upheld

Enter the number of expedited appeal cases receiving final replies when the contractor affirmed the initial decision as being correct in its entirety.

# f. F.3.b. - Initial Decision Partially Upheld

Enter the number of expedited appeal cases receiving final replies when the contractor affirmed only a portion of the initial decision as being correct.

### g. F.3.c. - Initial Decision Reversed

Enter the number of expedited appeal cases receiving final replies when the contractor reversed the initial decision in its entirety.

### h. F.3.d. - Total Processed to Completion

Enter the sum of F.3.a., plus F.3.b., plus F.3.c.

### i. F.4. - Pending End of Month

Enter the sum of F.1.b., plus F.2., minus F.3.d.

# 7. Section G: Nonexpedited Medical Necessity

### Reconsiderations

Report in this section the data related to all nonexpedited medical necessity appeal cases received into custody. The contractor shall count as a receipt any case received in which the appealing party is raising objection to the contractor's determination of coverage. Correspondence concerning nonappealable issues (See OPM Part Three, Chapter 7, Section II.C.2.) is to be reported in Section D, "Inquiries." Correspondence qualifying as a grievance is to be reported in Section I, "Grievances."

III.B.7.a.

# a. G.1.a. - Pending End of Prior Month

Enter in the "Total" column the number reported in line G.4. of the preceding month's report.

# b. G.1.a.(1) - Correction to Prior Month's Report

Enter in the "Total" column the net number of nonexpedited medical necessity appeal cases actually overstated or understated in the previous month's report using a plus (+) or minus (-). Any entry in this section will require a narrative explanation in Section E, "Remarks," above.

### c. G.1.b. - Adjusted Opening Pending

G.1.a.(1).

# d. G.2. - Receipts

Enter in the "Total" column the number of nonexpedited medical necessity appeal cases accepted in the custody of the contractor.

# e. G.3.a. - Initial Decision Upheld

Enter the number of nonexpedited medical necessity appeal cases receiving final replies when the contractor affirmed the initial decision as being correct in its entirety.

# f. G.3.b. - Initial Decision Partially Upheld

Enter the number of nonexpedited medical necessity appeal cases receiving final replies when the contractor affirmed only a portion of the initial decision as being correct.

# g. G.3.c. - Initial Decision Reversed

Enter the number of nonexpedited medical necessity appeal cases receiving final replies when the contractor reversed the initial decision in its entirety.

### h. G.3.d. - Total Processed to Completion

Enter the sum of G.3.a., plus G.3.b., plus G.3.c.

### i. G.4. - Pending End of Month

Enter the sum of G.1.b., plus G.2., minus G.3.d.

### 8. Section H: Nonexpedited Factual Determinations

Report in this section the data related to all non-expedited factual determination appeal cases received into custody. The contractor shall count as a receipt any case received in which the appealing party is raising objection to the contractor's determination of coverage. Correspondence concerning nonappealable issues (See OPM Part Three, Chapter 7, Section II.C.2.) is to be reported in Section D, "Inquiries." Correspondence qualifying as a grievance is to be reported in Section I, "Grievances."

III.B.8.a.

### a. H.1.a. - Pending End of Prior Month

Enter in the "Total" column the number reported in line G.4. of the preceding month's report.

### b. H.1.a.(1) - Correction to Prior Month's Report

Enter in the "Total" column the net number of nonexpedited factual determination appeal cases actually overstated or understated in the previous month's report using a plus (+) or minus (-). Any entry in this section will require a narrative explanation in Section E, "Remarks" above.

### c. H.1.b. - Adjustment Opening Pending

Enter in the "Total" column the result of H.1.a., plus or minus

H.1.a.(1).

### d. H.2. - Receipts

Enter in the "Total" column the number of nonexpedited factual determination appeal cases accepted in the custody of the contractor.

### e. H.3.a. - Initial Decision Upheld

Enter the number of nonexpedited factual determination appeal cases receiving final replies when the contractor affirmed the initial decision as being correct in its entirety.

## f. H.3.b. - Initial Decision Partially Upheld

Enter the number of nonexpedited factual determination appeal cases receiving final replies when the contractor affirmed only a portion of the initial decision as being correct.

### g. H.3.c. - Initial Decision Reversed

Enter the number of nonexpedited factual determination appeal cases receiving final replies when the contractor reversed the initial decision in its entirety.

### h. H.3.d. - Total Processed to Completion

Enter the sum of H.3.a., plus H.3.b., plus H.3.c.

### i. H.4. - Pending End of Month

Enter the sum of H.1.b., plus G.2., minus G.3.d.

### 9. Section I: Grievances

In this section report the data related to all grievances received into

# a. I.1.a. - Pending End of Prior Month

Enter in the "Total" column the number reported in I.4. of the preceding month's report.

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III.B.9.b.

# b. I.1.a.(1) - Correction to Prior Month's Report

Enter in the "Total" column the net number of grievances actually overstated or understated in the previous month's report using a plus (+) or minus (-). Any entry in this section will require a narrative explanation in Section E, "Remarks," above.

## c. I.1.b. - Adjusted Opening Pending

I.1.a.(1).

### d. I.2. - Receipts

Enter in the "Total" column the number of grievances accepted in the custody of the contractor. The contractor should count as a receipt any case received which meets the definition of a grievance.

### e. I.3. - Total Processed to Completion

Enter the number of grievances completed.

# f. I.4. - Pending End of Month

Enter the sum of I.1.b., plus I.2., minus I.3.